

ORIGINAL

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

CV 14 - 5211

## UNITED STATES DISTRICT COURT

for the

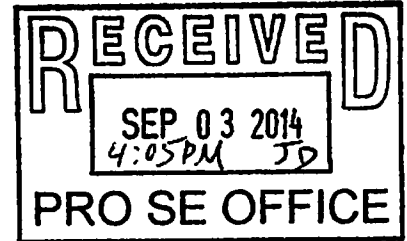
Rothby Pérez

Plaintiff/Petitioner

Frontier Airlines

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form).

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at:

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

at JFK, Swissport JFK -

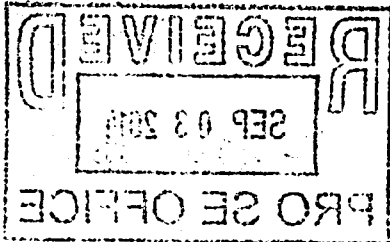
global security

My gross pay or wages are: \$ 477.50, and my take-home pay or wages are: \$ 422.23 per  
(specify pay period) 2 weeks. 184. every week -

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |  |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.



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4. Amount of money that I have in cash or in a checking or savings account: \$ none.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

none

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

Rent 1,133.44 monthly  
 Cable, house phone, internet 126.<sup>00</sup> monthly  
 Loan Edison 150.<sup>00</sup> monthly

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Michael Perez - son student  
 Christopher Perez - son student

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

medical bills 710.<sup>00</sup> to Hawthorn physicians group

**Declaration:** I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

9/3/2014

Ruthbey Perez  
 Applicant's signature

Ruthbey Perez  
 Printed name

**PERSONAL AND CHECK INFORMATION**

RUTHBEY PEREZ  
41 46 50TH STREET  
APT 2B  
WOODSIDE, NY 11377

Soc Sec #: XXX-XX-XXXX Employee ID: 9979

Hire Date: 10/24/13

Status: PT

Filing Status:

Federal: Single, 2

State: NY, Single, 2

Div/Br/Dept: 100/1000/100

Pay Period: 08/09/14 to 08/22/14

Check Date: 08/29/14 Check #: 69958

TIME OFF (Based On Policy Year)

DESCRIPTION	AVAILABLE	USED
SICK PAY -	13.331	6.000 HOURS

**NET PAY ALLOCATIONS**

DESCRIPTION	CURRENT (\$)	YTD (\$)
Check Amount	422.23	8060.92
Net Pay	422.23	8060.92

**EARNINGS**

DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
HOURLY	47.75	10.0000	477.50	983.21	8945.81
HOLIDAY				12.50	168.75
SICK				6.00	60.00
NIGHT DIFFERENT				25.39	12.71
PASSENGER VERIF				89.02	89.02
RETRO				10.00	90.00
<b>HOURS WORKED</b>	47.75			1008.60	
<b>ADJ EARNINGS</b>			477.50		9366.30
<b>GROSS EARNINGS</b>	47.75		477.50	1126.12	9366.30

**DEDUCTIONS**

DESCRIPTION	CURRENT (\$)	YTD (\$)
UNIFORM DEDUCTI		142.00
<b>TOTAL</b>	0.00	142.00

**WITHHOLDINGS**

DESCRIPTION	CURRENT (\$)	YTD (\$)
FEDERAL W/H	8.71	244.41
OASDI	29.61	580.71
MEDICARE	6.92	135.71
STATE W/H NY	4.87	121.31
STATE SDI NY	1.20	21.61
NY 2010-NYCNV	3.96	59.51
<b>TOTAL</b>	55.27	1163.31

**>>> MESSAGES <<<**

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Payrolls by Paychex, Inc.

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**NET PAY**

CURRENT (\$)	YTD (\$)
422.23	8060.92